

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

**SOUTHERN DISTRICT OF TEXAS**

Case number (if known): \_\_\_\_\_ Chapter you are filing under:

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

☐ Check if this is an  
amended filing

Official Form 101**Voluntary Petition for Individuals Filing for Bankruptcy****04/20**

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Juan**

First Name

**Jose**

Middle Name

**Maldonado**

Last Name

**III**

Suffix (Sr., Jr., II, III)

**Crystal**

First Name

**Jolene**

Middle Name

**Maldonado**

Last Name

Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

First Name

Middle Name

Last Name

First Name

Middle Name

Last Name

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**xxx - xx - 3 9 4 0

OR

9xx - xx - \_\_\_\_\_

xxx - xx - 2 6 9 6

OR

9xx - xx - \_\_\_\_\_

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

☒ I have not used any business names or EINs.

Business name

Business name

Business name

EIN

EIN

**5. Where you live**

**3613 B Elliott Street**

Number Street

**Bryan TX 77802**  
 City State ZIP Code

**Brazos**  
 County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
 (See 28 U.S.C. § 1408.)

**About Debtor 2 (Spouse Only in a Joint Case):**

☒ I have not used any business names or EINs.

Business name

Business name

Business name

EIN

EIN

**If Debtor 2 lives at a different address:**

Number Street

City State ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
 (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

*Check one:* (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**8. How you will pay the fee**

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- ☒ No  
☐ Yes.

District _____	When _____	Case number _____
	MM / DD / YYYY	
District _____	When _____	Case number _____
	MM / DD / YYYY	
District _____	When _____	Case number _____
	MM / DD / YYYY	

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- ☒ No  
☐ Yes.

Debtor _____	Relationship to you _____
District _____	When _____ Case number, _____
	MM / DD / YYYY if known
Debtor _____	Relationship to you _____
District _____	When _____ Case number, _____
	MM / DD / YYYY if known

**11. Do you rent your residence?**

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

### Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

- ☒ No. Go to Part 4.  
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

\_\_\_\_\_  
 Name of business, if any

\_\_\_\_\_  
 Number Street

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

- ☒ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.  
☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

### Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

- ☒ No  
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property?

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 ZIP Code

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

## Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

*You must check one:*

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

*You must check one:*

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

### Part 6: Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have?**
- 16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.**
- 
- 17. Are you filing under Chapter 7?**
- ☐ No. I am not filing under Chapter 7. Go to line 18.
- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No  
☐ Yes
- 18. How many creditors do you estimate that you owe?**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |
- 19. How much do you estimate your assets to be worth?**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
- 20. How much do you estimate your liabilities to be?**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X /s/ Juan Jose Maldonado, III** \_\_\_\_\_  
 Juan Jose Maldonado, III, Debtor 1

Executed on **06/24/2021** \_\_\_\_\_  
 MM / DD / YYYY

**X /s/ Crystal Jolene Maldonado** \_\_\_\_\_  
 Crystal Jolene Maldonado, Debtor 2

Executed on **06/24/2021** \_\_\_\_\_  
 MM / DD / YYYY

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X /s/ Erin B. Shank**

Signature of Attorney for Debtor

Date **06/24/2021**

MM / DD / YYYY

**Erin B. Shank**

Printed name

**Erin B. Shank, P.C.**

Firm Name

**1902 Austin Avenue**

Number Street

**Waco**

City

**TX**

State

**76701**

ZIP Code

Contact phone **(254) 296-1161**

Email address **shankcourtnotices@gmail.com**

**01572900**

Bar number

State



**Fill in this information to identify your case and this filing:**

Debtor 1	<b>Juan</b> First Name	<b>Jose</b> Middle Name	<b>Maldonado, III</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Crystal</b> First Name	<b>Jolene</b> Middle Name	<b>Maldonado</b> Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.  
☐ Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... →

**\$0.00****Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

3.1.	<b>GMC</b>	<b>Who has an interest in the property?</b> Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make:	<b>GMC</b>	<input type="checkbox"/> Debtor 1 only	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
Model:	<b>Terrain standard mc</b>	<input type="checkbox"/> Debtor 2 only	<b>\$10,000.00</b>	<b>\$10,000.00</b>
Year:	<b>2016</b>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
Approximate mileage:	<b>54,647</b>	<input type="checkbox"/> At least one of the debtors and another		
Other information:	<b>2016 GMC Terrain standard model</b>	<input checked="" type="checkbox"/> Check if this is community property (see instructions)		
3.2.	<b>Chevrolet</b>	<b>Who has an interest in the property?</b> Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make:	<b>Chevrolet</b>	<input type="checkbox"/> Debtor 1 only	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
Model:	<b>Cruze LS Sedan</b>	<input type="checkbox"/> Debtor 2 only	<b>\$2,500.00</b>	<b>\$2,500.00</b>
Year:	<b>2014</b>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
Approximate mileage:	<b>56,429</b>	<input type="checkbox"/> At least one of the debtors and another		
Other information:	<b>2014 Chevrolet Cruze LS Sedan</b>	<input checked="" type="checkbox"/> Check if this is community property (see instructions)		

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....**



**\$12,500.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

- ☐ No  
☒ Yes. Describe.....

**See continuation page(s).**

**\$1,880.00**

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No  
☒ Yes. Describe.....

**See continuation page(s).**

**\$575.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☐ No  
☒ Yes. Describe.....

**See continuation page(s).**

**\$150.00**

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☐ No  
☒ Yes. Describe.....

**camera**

**\$300.00**

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No  
☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No  
☒ Yes. Describe.....

**Clothing / Wearing Apparel for 2 adults**

**\$300.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- ☐ No  
☒ Yes. Describe.....

**See continuation page(s).**

**\$2,275.00**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☐ No

☒ Yes. Describe..... one pet \$1.00

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....**

**\$5,481.00**

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes..... Cash: ..... \$10.15

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes..... Institution name:

17.1. Checking account: Navy Army Community Credit Union (Checking 1945467) \$11.20

17.2. Savings account: Navy Army Community Credit Union (Savings/Money Market 100194546700) \$5.00

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No  
☐ Yes. Give specific information about them..... Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☐ No  
☒ Yes. List each account separately. Type of account: Institution name:

Pension plan:	<b>Christus Health Cash Balance Plan 401(a)</b>	<b>\$20,485.25</b>
Additional account:	<b>Christus Health Matched Savings Plan 403(b)</b>	<b>\$65,723.66</b>

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☐ No  
☒ Yes..... Institution name or individual:

Security deposit on rental unit: **East Ridge Properties Ltd. - \$875.00, but subject to offset** **\$1.00**

**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No  
☐ Yes..... Issuer name and description:

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No  
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No  
☐ Yes. Give specific information about them  \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No  
☐ Yes. Give specific information about them  \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No  
☐ Yes. Give specific information about them  \_\_\_\_\_

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

Money or property owed to you?

**Current value of the  
portion you own?**  
 Do not deduct secured  
claims or exemptions.

**28. Tax refunds owed to you**

☒ No

☐ Yes. Give specific information  
about them, including whether  
you already filed the returns  
and the tax years.....

Federal: \_\_\_\_\_

State: \_\_\_\_\_

Local: \_\_\_\_\_

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance  
company of each policy  
and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

**Woodmen of the World Life  
Insurance Society**

Type: whole/universal

Insured: Crystal Maldonado

Juan J Maldonado

\$2,710.00

**Woodmen of the World Life  
Insurance Society**

Type: whole/universal

Insured: Juan Maldonado

Crystal J Maldonado

\$3,472.00

**Woodmen of the World Life  
Insurance Society**

Type: term

Insured: Crystal Maldonado

Juan J Maldonado

\$1.00

**CMFG Life Insurance Company**

Type: term

Insured: Juan Maldonado

Crystal Maldonado

\$1.00

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

☒ No

☐ Yes. Give specific information

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples: Accidents, employment disputes, insurance claims, or rights to sue*

☒ No

☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**



**\$92,420.26**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**38. Accounts receivable or commissions you already earned**

☒ No

☐ Yes. Describe..

**39. Office equipment, furnishings, and supplies**

*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*

☒ No

☐ Yes. Describe..

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☒ No

☐ Yes. Describe..

**41. Inventory**

☒ No

☐ Yes. Describe..

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**42. Interests in partnerships or joint ventures**

- ☒ No  
☐ Yes. Describe..... Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

**43. Customer lists, mailing lists, or other compilations**

- ☒ No  
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?  
☐ No  
☐ Yes. Describe..... \_\_\_\_\_

**44. Any business-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**

→ **\$0.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
**If you own or have an interest in farmland, list it in Part 1.**

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Current value of the  
portion you own?**  
 Do not deduct secured  
claims or exemptions.

**47. Farm animals**

*Examples: Livestock, poultry, farm-raised fish*

- ☒ No  
☐ Yes..... \_\_\_\_\_

**48. Crops--either growing or harvested**

- ☒ No  
☐ Yes. Give specific  
information..... \_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No  
☐ Yes..... \_\_\_\_\_

**50. Farm and fishing supplies, chemicals, and feed**

- ☒ No  
☐ Yes..... \_\_\_\_\_

**51. Any farm- and commercial fishing-related property you did not already list**

- ☒ No  
☐ Yes. Give specific  
information..... \_\_\_\_\_

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....**

→ **\$0.00**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

*Examples:* Season tickets, country club membership

- ☒ No  
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... → \$0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2..... → \$0.00

56. Part 2: Total vehicles, line 5 \$12,500.00

57. Part 3: Total personal and household items, line 15 \$5,481.00

58. Part 4: Total financial assets, line 36 \$92,420.26

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 +\$0.00

62. Total personal property. Add lines 56 through 61..... \$110,401.26 Copy personal property total → +\$110,401.26

63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$110,401.26



Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**6. Household goods and furnishings (details):**

<b>1 Sofa</b>	<b>\$100.00</b>
<b>Entertainment Center</b>	<b>\$50.00</b>
<b>Coffee table</b>	<b>\$25.00</b>
<b>Kitchen table</b>	<b>\$50.00</b>
<b>Washing machine</b>	<b>\$150.00</b>
<b>Clothes dryer</b>	<b>\$150.00</b>
<b>Dishes/flatware</b>	<b>\$30.00</b>
<b>China/silverware</b>	<b>\$50.00</b>
<b>Pots, pans, cookware</b>	<b>\$75.00</b>
<b>Bed</b>	<b>\$100.00</b>
<b>Lamps/accessories</b>	<b>\$250.00</b>
<b>Cellular telephones</b>	<b>\$300.00</b>
<b>Yard/landscaping tools</b>	<b>\$50.00</b>
<b>Computer Table, Computer Chair, Furnishings</b>	<b>\$500.00</b>

**7. Electronics (details):**

<b>TV</b>	<b>\$150.00</b>
<b>DVD player</b>	<b>\$25.00</b>
<b>Personal computer</b>	<b>\$400.00</b>

**8. Collectibles of value (details):**

<b>Miscellaneous paintings, wall decorations</b>	<b>\$100.00</b>
<b>Family pictures</b>	<b>\$50.00</b>

**12. Jewelry (details):**

<b>Wedding ring</b>	<b>\$1,000.00</b>
<b>Vintage jewelry</b>	<b>\$1,275.00</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Juan</b>	<b>Jose</b>	<b>Maldonado, III</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Crystal</b>	<b>Jolene</b>	<b>Maldonado</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF TEXAS</b>			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106C

**Schedule C: The Property You Claim as Exempt**

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: <b>2016 GMC Terrain standard model (approx. 54,647 miles)</b> <b>(1st exemption claimed for this asset)</b> Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$10,000.00</u>	<input type="checkbox"/> <u>                    </u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(2)</b>
Brief description: <b>2016 GMC Terrain standard model (approx. 54,647 miles)</b> <b>(2nd exemption claimed for this asset)</b> Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$10,000.00</u>	<input type="checkbox"/> <u>                    </u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim  <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: <b>2014 Chevrolet Cruze LS Sedan (approx. 56,429 miles)</b> <b>(1st exemption claimed for this asset)</b> Line from <i>Schedule A/B</i> : <u>3.2</u>	<u>\$2,500.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Brief description: <b>2014 Chevrolet Cruze LS Sedan (approx. 56,429 miles)</b> <b>(2nd exemption claimed for this asset)</b> Line from <i>Schedule A/B</i> : <u>3.2</u>	<u>\$2,500.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>1 Sofa</b> Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$100.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>Entertainment Center</b> Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$50.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>Coffee table</b> Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$25.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>Kitchen table</b> Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$50.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>Washing machine</b> Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$150.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>Clothes dryer</b> Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$150.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>Dishes/flatware</b> Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$30.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

**Brief description of the property and line on Schedule A/B that lists this property**      **Current value of the portion you own**      **Amount of the exemption you claim**      **Specific laws that allow exemption**

Copy the value from Schedule A/B      Check only one box for each exemption

Brief description:  
**China/silverware**  
Line from Schedule A/B: 6

\$50.00      ☐ \_\_\_\_\_      **11 U.S.C. § 522(d)(3)**  
☒ 100% of fair market value, up to any applicable statutory limit

Brief description:  
**Pots, pans, cookware**  
Line from Schedule A/B: 6

\$75.00      ☐ \_\_\_\_\_      **11 U.S.C. § 522(d)(3)**  
☒ 100% of fair market value, up to any applicable statutory limit

Brief description:  
**Bed**  
Line from Schedule A/B: 6

\$100.00      ☐ \_\_\_\_\_      **11 U.S.C. § 522(d)(3)**  
☒ 100% of fair market value, up to any applicable statutory limit

Brief description:  
**Lamps/accessories**  
Line from Schedule A/B: 6

\$250.00      ☐ \_\_\_\_\_      **11 U.S.C. § 522(d)(3)**  
☒ 100% of fair market value, up to any applicable statutory limit

Brief description:  
**Cellular telephones**  
Line from Schedule A/B: 6

\$300.00      ☐ \_\_\_\_\_      **11 U.S.C. § 522(d)(3)**  
☒ 100% of fair market value, up to any applicable statutory limit

Brief description:  
**Yard/landscaping tools**  
Line from Schedule A/B: 6

\$50.00      ☐ \_\_\_\_\_      **11 U.S.C. § 522(d)(3)**  
☒ 100% of fair market value, up to any applicable statutory limit

Brief description:  
**Computer Table, Computer Chair, Furnishings**  
Line from Schedule A/B: 6

\$500.00      ☐ \_\_\_\_\_      **11 U.S.C. § 522(d)(3)**  
☒ 100% of fair market value, up to any applicable statutory limit

Brief description:  
**TV**  
Line from Schedule A/B: 7

\$150.00      ☐ \_\_\_\_\_      **11 U.S.C. § 522(d)(3)**  
☒ 100% of fair market value, up to any applicable statutory limit

Brief description:  
**DVD player**  
Line from Schedule A/B: 7

\$25.00      ☐ \_\_\_\_\_      **11 U.S.C. § 522(d)(3)**  
☒ 100% of fair market value, up to any applicable statutory limit

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: <b>Personal computer</b> Line from Schedule A/B: <u>7</u>	<u>\$400.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>Miscellaneous paintings, wall decorations</b> Line from Schedule A/B: <u>8</u>	<u>\$100.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>Family pictures</b> Line from Schedule A/B: <u>8</u>	<u>\$50.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>camera</b> <b>(1st exemption claimed for this asset)</b> Line from Schedule A/B: <u>9</u>	<u>\$300.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>camera</b> <b>(2nd exemption claimed for this asset)</b> Line from Schedule A/B: <u>9</u>	<u>\$300.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>Clothing / Wearing Apparel for 2 adults</b> Line from Schedule A/B: <u>11</u>	<u>\$300.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>Wedding ring</b> <b>(1st exemption claimed for this asset)</b> Line from Schedule A/B: <u>12</u>	<u>\$1,000.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: <b>Wedding ring</b> <b>(2nd exemption claimed for this asset)</b> Line from Schedule A/B: <u>12</u>	<u>\$1,000.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>Vintage jewelry</b> <b>(1st exemption claimed for this asset)</b> Line from Schedule A/B: <u>12</u>	<u>\$1,275.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: <b>Vintage jewelry</b> (2nd exemption claimed for this asset) Line from Schedule A/B: <u>12</u>	<u>\$1,275.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>one pet</b> Line from Schedule A/B: <u>13</u>	<u>\$1.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>Cash on Hand</b> Line from Schedule A/B: <u>16</u>	<u>\$10.15</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>Navy Army Community Credit Union (Checking 1945467)</b> Line from Schedule A/B: <u>17.1</u>	<u>\$11.20</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>Navy Army Community Credit Union (Savings/Money Market 100194546700)</b> Line from Schedule A/B: <u>17.2</u>	<u>\$5.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>Christus Health Matched Savings Plan 403 (b)</b> Line from Schedule A/B: <u>21</u>	<u>\$65,723.66</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(n)
Brief description: <b>Christus Health Cash Balance Plan 401(a)</b> Line from Schedule A/B: <u>21</u>	<u>\$20,485.25</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(n)
Brief description: <b>East Ridge Properties Ltd. - \$875.00, but subject to offset</b> Line from Schedule A/B: <u>22</u>	<u>\$1.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>Woodmen of the World Life Insurance Society</b> Type: whole/universal Insured: Crystal Maldonado Line from Schedule A/B: <u>31</u>	<u>\$2,710.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Brief description: <b>Woodmen of the World Life Insurance            Society</b> <b>Type: whole/universal</b> <b>Insured: Juan Maldonado</b> Line from <i>Schedule A/B</i> : <u>31</u>	<u>\$3,472.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(7)</b>
Brief description: <b>Woodmen of the World Life Insurance            Society</b> <b>Type: term</b> <b>Insured: Crystal Maldonado</b> Line from <i>Schedule A/B</i> : <u>31</u>	<u>\$1.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(7)</b>
Brief description: <b>CMFG Life Insurance Company</b> <b>Type: term</b> <b>Insured: Juan Maldonado</b> Line from <i>Schedule A/B</i> : <u>31</u>	<u>\$1.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(7)</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Juan</b>	<b>Jose</b>	<b>Maldonado, III</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Crystal</b>	<b>Jolene</b>	<b>Maldonado</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF TEXAS</b>			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
If any

2.1

**Navy Army Community Credit Union**

Creditor's name

**PO Box 81349**

Number Street

Describe the property that secures the claim:

**2016 GMC Terrain standard model****\$8,681.46****\$10,000.00****Corpus Christi TX 78468**

City State ZIP Code

**Who owes the debt?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☒ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☒ Other (including a right to offset)

**Purchase Money**Date debt was incurred **06/18/2016** Last 4 digits of account number **6 7 0 2**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$8,681.46**

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

**\$8,681.46**



**Fill in this information to identify your case:**

Debtor 1	<b>Juan</b> First Name	<b>Jose</b> Middle Name	<b>Maldonado, III</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Crystal</b> First Name	<b>Jolene</b> Middle Name	<b>Maldonado</b> Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

- ☒ No. Go to Part 2.  
☐ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1			
Priority Creditor's Name	Last 4 digits of account number		
Number Street	When was the debt incurred?		
City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify		
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

## Part 2: List All of Your NONPRIORITY Unsecured Claims

### 3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

### 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

\$8,533.38

4.1

#### Ally Bank

Nonpriority Creditor's Name

**6985 Union Park Center**

Number Street

**Midvale**

**UT 84047**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 9 0 0 1

When was the debt incurred? 1/18/2008-11/30/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

4.2

#### American Coradius International LLC/Nati

Nonpriority Creditor's Name

**PO Box 7526**

Number Street

**Newark**

**DE 19714-7526**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number P H E A

When was the debt incurred? 2/5/2021-2/5/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

\$277.43

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$17,957.38**

4.3

**Ascendium Education Solutions, Inc.**

Nonpriority Creditor's Name

**2501 International Lane**

Number Street

**Lane Madison**

City

**WI**

State

**53704**

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.4

**Austin Pathology Associates**

Nonpriority Creditor's Name

**12221 N Mopac Expy**

Number Street

**Austin**

City

**TX**

State

**78758**

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.5

**Austin Pathology Associates**

Nonpriority Creditor's Name

**12221 N Mopac Expy**

Number Street

**Austin**

City

**TX**

State

**78758**

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 4 3 3 3When was the debt incurred? 2/7/2007-2/7/2007

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 4/1/2021-4/1/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 2/28/2001-2/28/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****Unknown**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$12,414.34**

4.6

**Bank of America, N.A.**

Nonpriority Creditor's Name

**PO Box 982235**

Number Street

Last 4 digits of account number 6 0 9 3When was the debt incurred? 7/15/2004-9/19/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card****El Paso TX 79998-2235**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.7

**Bioreference Laboratories Patient Pay**

Nonpriority Creditor's Name

**PO Box 21134**

Number Street

Last 4 digits of account number 1 9 1 1When was the debt incurred? 11/6/2019-11/6/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****New York NY 10087-1134**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$23.34**

4.8

**Brazos Valley ER, LLC**

Nonpriority Creditor's Name

**PO Box 6040**

Number Street

Last 4 digits of account number 7 6 4 1When was the debt incurred? 1/26/2020-11/4/2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****Corpus Christi TX 78466**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$52,263.62**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$9,208.55**

4.9

**Brazos Valley ER, LLC**

Nonpriority Creditor's Name

**PO Box 6040**

Number Street

Last 4 digits of account number 6 4 6 6When was the debt incurred? 1/19/2021-1/19/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Corpus Christi TX 78466**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.10

**Capital One**

Nonpriority Creditor's Name

**PO Box 60599**

Number Street

Last 4 digits of account number 4 6 1 8When was the debt incurred? 10/13/2004-2/22/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**City of Industry CA 91716-0599**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card****\$3,239.91**

4.11

**Capital One**

Nonpriority Creditor's Name

**PO Box 60599**

Number Street

Last 4 digits of account number 4 7 0 9When was the debt incurred? 7/31/2006-2/21/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**City of Industry CA 91716-0599**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card****\$401.49**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.12

**CapRock Hospital**

Nonpriority Creditor's Name

**3134 Briarcrest Dr**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? **6/20/2021**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****Bryan TX 77802**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.13

**Chase Receivables, Christus Spohn Memori**

Nonpriority Creditor's Name

**PO Box 659**

Number Street

Last 4 digits of account number **7 5 1 6**When was the debt incurred? **3/19/2018-3/19/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****West Caldwell NJ 07007-0659**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.14

**Clinical Pathology Laboratories Inc**

Nonpriority Creditor's Name

**PO Box 141669**

Number Street

Last 4 digits of account number **8 7 5 8**When was the debt incurred? **11/29/2019-12/27/2019**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****Austin TX 78714-1669**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$0.00****\$57.66****\$33.97**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$1,714.07****4.15****Comenity Bank/Crown Asset Management LL**

Nonpriority Creditor's Name

**9355 East Stockton Boulevard, Suite 210**

Number Street

**Elk Grove CA 95624-9476**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.16****Couch, Conville & Blitt**

Nonpriority Creditor's Name

**3501 N. Causeway Blvd., Suite 800**

Number Street

**Metairie LA 70002**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.17****Covarrubias, Baldemar**

Nonpriority Creditor's Name

**5718 Spohn Drive, Suite 100**

Number Street

**Corpus Christi TX 78414**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 1 8 0 2When was the debt incurred? 6/24/2005-7/1/2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Attorney for Bank of America**

Last 4 digits of account number 0 5 2 0When was the debt incurred? 10/24/2017-10/24/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**

**Unknown****\$20.00**



Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$321.52**

4.18

**Cutting Edge Chiropractic LLC**

Nonpriority Creditor's Name

**3001 Wildflower Dr #601**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? **7/17/2020-10/29/2020**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****Bryan TX 77802**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.19

**Dept of Ed/Great Lakes**

Nonpriority Creditor's Name

**PO Box 790321**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? **8/24/2009-8/11/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

**St. Louis MO 63179-0321**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$230,580.00**

4.20

**Forest Recovery Services LLC**

Nonpriority Creditor's Name

**PO Box 1045**

Number Street

Last 4 digits of account number **S 9 5 6**When was the debt incurred? **1/26/2018-5/31/2019**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****Bloomington IL 61702**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$579.74**



Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.21

**\$59.00****I.C. System, Inc., McAllen Hospitalist G**

Nonpriority Creditor's Name

**PO Box 64378**

Number Street

**Saint Paul MN 55164**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.22

**\$1,135.00****IPFS Corporation**

Nonpriority Creditor's Name

**125 S. Wacker Drive, Suite 1650**

Number Street

**Chicago IL 60606**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.23

**\$565.63****Justice Court Precinct Four**

Nonpriority Creditor's Name

**744 HWY 281 South**

Number Street

**Pleasanton TX 78064**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 1 1 8 2When was the debt incurred? 2/6/2018-2/6/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**Last 4 digits of account number 2 5 2 3When was the debt incurred? 1/11/2019-1/9/2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Other**Last 4 digits of account number 9 2 1 3When was the debt incurred? 1/12/2019-1/12/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Other**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$56.68****4.24****Litholink Corporation**

Nonpriority Creditor's Name  
**2250 West Campbell Park Drive**  
 Number Street

**Chicago IL 60612**  
 City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**4.25****Macy's**

Nonpriority Creditor's Name  
**PO Box 8058**  
 Number Street

**Mason OH 45040-8058**  
 City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**4.26****Management Support**

Nonpriority Creditor's Name  
**6933 Borderbrook Drive**  
 Number Street

**San Antonio TX 78238**  
 City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 3 5 7 1

When was the debt incurred? 4/12/2012-4/12/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

Last 4 digits of account number 9 4 7 1

When was the debt incurred? 4/16/2009-2/22/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

Last 4 digits of account number 0 5 3 2

When was the debt incurred? 3/8/2013-3/8/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collection Agency****\$85.39**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$1,320.68****4.27****Mother Frances Hospital**

Nonpriority Creditor's Name

**800 E Dawson St.**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? **4/1/2021-4/1/2021**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****Tyler TX 75701**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.28****Municipal Service Bureau**

Nonpriority Creditor's Name

**PO Box 16755**

Number Street

Last 4 digits of account number **1 9 5 1**When was the debt incurred? **4/5/2016-4/5/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**other**

**Austin TX 78761-6755**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.29****North Texas Tollway Authority**

Nonpriority Creditor's Name

**PO Box 660244**

Number Street

Last 4 digits of account number **7 0 1 9**When was the debt incurred? **11/3/2017-12/2/1017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Toll Fees**

**Dallas TX 75266-0244**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$38.28**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$18,743.87**

4.30

**Performant Recovery, Inc.**

Nonpriority Creditor's Name

**PO Box 9054**

Number Street

**Pleasanton CA 94566-9054**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.31

**Psychiatry of Texas PLLC**

Nonpriority Creditor's Name

**13325 Hargave Rd Suite 240**

Number Street

**Houston TX 77070**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.32

**Quest Diagnostics**

Nonpriority Creditor's Name

**PO Box 740779**

Number Street

**Cincinnati OH 45274-0779**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 0 0 8 9When was the debt incurred? 1/19/2021-1/19/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 3/1/2021-4/22/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**Last 4 digits of account number 9 6 3 4When was the debt incurred? 10/27/2020-10/27/2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****\$110.64**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$51.68**

4.33

**Quest Diagnostics**

Nonpriority Creditor's Name

**PO Box 740779**

Number Street

**Cincinnati OH 45274-0779**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.34

**San Antonio MMC PA**

Nonpriority Creditor's Name

**9969 Fredricksburg Rd**

Number Street

**San Antonio TX 78240**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.35

**Simms Associates, Inc./Southern Arc Trus**

Nonpriority Creditor's Name

**800 Pencader Drive**

Number Street

**Newark DE 19702**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 0 4 7 0When was the debt incurred? 1/5/2017-5/1/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 1/11/2021-1/11/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**Last 4 digits of account number 4 5 3 2When was the debt incurred? 7/6/2018-7/6/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

**\$8,190.74**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.36

**\$339.00****South Texas Radiology Group, P.A.**

Nonpriority Creditor's Name

**PO Box 29407**

Number Street

Last 4 digits of account number 8 2 6 3When was the debt incurred? 7/16/2012-7/16/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****San Antonio TX 78229**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.37

**\$232.61****South Texas Radiology Imaging**

Nonpriority Creditor's Name

**1802 N.E. Loop 410, Suite 400**

Number Street

Last 4 digits of account number 0 8 2 9When was the debt incurred? 7/16/2018-7/16/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****San Antonio TX 78217**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.38

**\$933.16****Synchrony Bank/Amazon**

Nonpriority Creditor's Name

**PO Box 960013**

Number Street

Last 4 digits of account number 8 6 6 4When was the debt incurred? 1/19/2012-2/15/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card****Orlando FL 32896-0013**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$2,322.99**

4.39

**Target**

Nonpriority Creditor's Name

**PO Box 660170**

Number Street

**Dallas TX 75266-0170**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.40

**Texas Guaranteed Student Loan Corporatio**

Nonpriority Creditor's Name

**PO Box 83100**

Number Street

**Round Rock TX 78683-3100**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.41

**Texas Laurel Ridge Hospital LP 551**

Nonpriority Creditor's Name

**17720 Corporate Woods Drive**

Number Street

**San Antonio TX 78259-3509**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 8 1 4 2When was the debt incurred? 11/23/2009-3/17/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 1/8/2008-1/8/2008

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

Last 4 digits of account number 0 0 1 8When was the debt incurred? 10/25/2017-10/29/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**

**\$1,396.15**



Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$1,336.00**

4.42

**The University of Texas at San Antonio**

Nonpriority Creditor's Name

**1 UTSA Circle**

Number Street

**San Antonio****TX****78249**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 5 1 0 2When was the debt incurred? 10/19/2019-10/19/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

4.43

**Trellis Company (guarantor USDOE)**

Nonpriority Creditor's Name

**PO Box 659602**

Number Street

**San Antonio****TX****78265**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 10/20/2020-10/20/2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

**\$27,047.50**

4.44

**Trinity Clinic**

Nonpriority Creditor's Name

**1720 S Beckham Ave**

Number Street

**Tyler****TX****75701**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 2/25/2021-4/1/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**

**\$490.72**



Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.45

**\$169.16****Trinity Clinic Anesthesia**

Nonpriority Creditor's Name

**PO Box 848543**

Number Street

**Dallas TX 75284-8543**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.46

**\$108.00****Trinity Pathology**

Nonpriority Creditor's Name

**PO Box 203294**

Number Street

**Dallas TX 75320-3294**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.47

**\$50.34****TxTag**

Nonpriority Creditor's Name

**PO Box 650749**

Number Street

**Dallas TX 75265-0749**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 1 5 9 2When was the debt incurred? 4/15/2021-4/15/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**Last 4 digits of account number 4 2 8 6When was the debt incurred? 4/23/2021-4/23/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**Last 4 digits of account number 1 5 9 8When was the debt incurred? 3/14/2019-5/24/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Toll Fees**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.48

**\$10,853.21****US Department of Education National Paym**

Nonpriority Creditor's Name

**PO Box 790336**

Number Street

**St Louis MO 63179-0336**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.49

**\$35.00****UTSA Campus Services**

Nonpriority Creditor's Name

**1 UTSA Circle**

Number Street

**San Antonio TX 78249**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.50

**\$1,892.64****Veternary Medical Teaching Hospital, T**

Nonpriority Creditor's Name

**4457 TAMU**

Number Street

**College Station TX 77843-4457**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 8 3 2 4When was the debt incurred? 10/22/2019-10/22/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

Last 4 digits of account number 4 4 4 2When was the debt incurred? 3/4/2019-3/4/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Services**

Last 4 digits of account number 3 2 2 4When was the debt incurred? 3/9/2021-3/9/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$21,259.87**

4.51

**Wells Fargo**

Nonpriority Creditor's Name

**Wells Fargo Bank, N.A., PO Box 77053**

Number Street

**Minneapolis****MN 55480**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.52

**Wells Fargo Education Financial Services**

Nonpriority Creditor's Name

**PO Box 5185**

Number Street

**Sioux Falls****SD 57117-5185**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 3 0 7 5**When was the debt incurred?** 5/12/2005-10/11/2018**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**Last 4 digits of account number 0 0 0 1**When was the debt incurred?** 2/11/2008-9/10/2019**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

**\$14,518.44**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Account Services**

Name

**PO BOX 659818**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.37 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**San Antonio**

**TX**

**78265-9118**

City

State

ZIP Code

**Am Coradius**

Name

**2420 Sweet Home Rd**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 5 5 9

**Amherst**

**NY**

**14228**

City

State

ZIP Code

Retrieved from credit report

**ARS National Services Inc.**

Name

**PO Box 469100**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Escondido**

**CA**

**92046-9100**

City

State

ZIP Code

**Bank of America**

Name

**Attn: Bankruptcy**

Number Street

**PO Box 982234**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 0 9 3

**El Paso**

**TX**

**79998**

City

State

ZIP Code

Retrieved from credit report

**Charles G. McCarthy, Jr. & Associates**

Name

**PO Box 1045**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Bloomington**

**IL**

**61702**

City

State

ZIP Code

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****Collections Incorporated**

Name

**PO Box 418**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.41 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Pipe Creek****TX****78063**

City

State

ZIP Code

**Couch Lambert, LLC**

Name

**4144 North Central Expressway, Suite 120**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Dallas****TX****75204**

City

State

ZIP Code

**Credit Collection Services**

Name

**725 Canton Street**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Norwood****MA****02062**

City

State

ZIP Code

**Credit Systems International, Inc**

Name

**Attn: Bankruptcy**

Number Street

**PO Box 1088**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4 8 4 6**Arlington****TX****76004**

City

State

ZIP Code

Retrieved from credit report

**Datasearch Inc**

Name

**Attn: Bankruptcy Dept**

Number Street

**85 NE Interstate Loop 410 Ste 575**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0 7 8 8**San Antonio****TX****78217**

City

State

ZIP Code

Retrieved from credit report

**Department Store National Bank/Macy's**

Name

**Attn: Bankruptcy**

Number Street

**9111 Duke Boulevard**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9 4 7 1**Mason****OH****45040**

City

State

ZIP Code

Retrieved from credit report

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**Forest Recovery Servic**

Name

**Po Box 83**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 2 4 0

**Barrington**

**IL**

**60011**

City

State

ZIP Code

Retrieved from credit report

**IC Systems, Inc**

Name

**Attn: Bankruptcy**

Number Street

**PO Box 64378**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 2 4 0

**St. Paul**

**MN**

**55164**

City

State

ZIP Code

Retrieved from credit report

**Linebarger Goggan Blair & Sampson**

Name

**900 Arion Parkway, Suite 104**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**San Antonio**

**TX**

**78216**

City

State

ZIP Code

**MRS BPO, LLC**

Name

**1930 Olney Avenue**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Cherry Hill**

**NJ**

**08003**

City

State

ZIP Code

**Pioneer**

Name

**2420 Sweet Home Road Suite 150**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Amherst**

**NY**

**14228-2244**

City

State

ZIP Code

**Rachel Lee Dehn**

Name

**1338 E. CR 227**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Orange Grove**

**TX**

**78372**

City

State

ZIP Code

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**Southern Arc Trust/National Recovery Sol**

Name

**PO Box 332**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Lockport NY 14095-0322**

City State ZIP Code

**U.S. Department of Education**

Name

**ECMC/Attn: Bankruptcy**

Number Street

**PO Box 16408**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 8 7 4

**Saint Paul MN 55116**

City State ZIP Code

Retrieved from credit report

**USDOE/GLELSI**

Name

**Attn: Bankruptcy**

Number Street

**PO Box 7860**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 5 8 1

**Madison WI 53707**

City State ZIP Code

Retrieved from credit report

**Wells Fargo Bank NA**

Name

**1 Home Campus MAC X2303-01A**

Number Street

**3rd Floor**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 0 7 5

**Des Moines IA 50328**

City State ZIP Code

Retrieved from credit report

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$0.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$361,324.52</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$115,216.21</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$476,540.73</u>



**Fill in this information to identify your case:**

Debtor 1	<b>Juan</b> First Name	<b>Jose</b> Middle Name	<b>Maldonado, III</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Crystal</b> First Name	<b>Jolene</b> Middle Name	<b>Maldonado</b> Last Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF TEXAS</b>			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

**2.1 Twin City Properties**

Name  
**4103 Texas Ave #1000**  
Number Street

lease of home located at 3613B Elliot Street, Bryan,  
TX 77802  
Contract to be ASSUMED

**Bryan** **TX** **77802**  
City State ZIP Code

**Fill in this information to identify your case:**

Debtor 1	<b>Juan</b> First Name	<b>Jose</b> Middle Name	<b>Maldonado, III</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Crystal</b> First Name	<b>Jolene</b> Middle Name	<b>Maldonado</b> Last Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF TEXAS</b>			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106H

**Schedule H: Your Codebtors**

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

- 1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No  
☐ Yes

- 2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.  
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☒ Yes

In which community state or territory did you live? **Texas** Fill in the name and current address of that person.

**Crystal Jolene Maldonado**

Name of your spouse, former spouse, or legal equivalent

**3613 B Elliott Street**

Number Street

**Bryan**

City

**TX**

State

**77802**

ZIP Code

- 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: **Your codebtor**

Column 2: **The creditor to whom you owe the debt**

Check all schedules that apply:

**Fill in this information to identify your case:**

Debtor 1	<u>Juan</u>	<u>Jose</u>	<u>Maldonado, III</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Crystal</u>	<u>Jolene</u>	<u>Maldonado</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF TEXAS</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status****Debtor 1**

- ☒ Employed  
☐ Not employed

**Occupation**unemployed**Employer's name****Employer's address**

Number Street

City State Zip Code

**Debtor 2 or non-filing spouse**

- ☒ Employed  
☐ Not employed

HIM Coding EducatorChristius Health919 Hidden Ridge

Number Street

Irving TX 75038  
City State Zip Code

How long employed there?

9 years**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	<u>\$0.00</u>	<u>\$5,779.04</u>
<b>3. Estimate and list monthly overtime pay.</b>	<u>\$0.00</u>	<u>\$0.00</u>
<b>4. Calculate gross income.</b> Add line 2 + line 3.	<u>\$0.00</u>	<u>\$5,779.04</u>

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ..... → 4.	<b>\$0.00</b>	<b>\$5,779.04</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. <b>\$0.00</b>	<b>\$832.89</b>
5b. Mandatory contributions for retirement plans	5b. <b>\$0.00</b>	<b>\$0.00</b>
5c. Voluntary contributions for retirement plans	5c. <b>\$0.00</b>	<b>\$0.00</b>
5d. Required repayments of retirement fund loans	5d. <b>\$0.00</b>	<b>\$0.00</b>
5e. Insurance	5e. <b>\$0.00</b>	<b>\$521.28</b>
5f. Domestic support obligations	5f. <b>\$0.00</b>	<b>\$0.00</b>
5g. Union dues	5g. <b>\$0.00</b>	<b>\$0.00</b>
5h. Other deductions. Specify: _____	5h. + <b>\$0.00</b>	<b>\$0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <b>\$0.00</b>	<b>\$1,354.17</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. <b>\$0.00</b>	<b>\$4,424.87</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <b>\$0.00</b>	<b>\$0.00</b>
8b. Interest and dividends	8b. <b>\$0.00</b>	<b>\$0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <b>\$0.00</b>	<b>\$0.00</b>
8d. Unemployment compensation	8d. <b>\$0.00</b>	<b>\$0.00</b>
8e. Social Security	8e. <b>\$0.00</b>	<b>\$0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. <b>\$0.00</b>	<b>\$0.00</b>
8g. Pension or retirement income	8g. <b>\$0.00</b>	<b>\$0.00</b>
8h. Other monthly income. Specify: <b>projected sub. teaching income</b>	8h. + <b>\$650.00</b>	<b>\$0.00</b>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <b>\$650.00</b>	<b>\$0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <b>\$650.00</b>	<b>\$4,424.87</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + <b>\$0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. <b>\$5,074.87</b>	<b>\$5,074.87</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <b>Mr. Maldonado is an attorney. However, he has had serious health issues and has not practiced law since 2018. He was working as a substitute teacher, but is not working during summer. He plans on substituting teaching in the fall.</b>		<b>Combined monthly income</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Juan</b> First Name	<b>Jose</b> Middle Name	<b>Maldonado, III</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Crystal</b> First Name	<b>Jolene</b> Middle Name	<b>Maldonado</b> Last Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF TEXAS</b>			
Case number (if known) _____			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

**Official Form 106J****Schedule J: Your Expenses****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No☐ Yes. Fill out this information for each dependent.....**Dependent's relationship to Debtor 1 or Debtor 2****Dependent's age****Does dependent live with you?**

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

**Your expenses**

**4. The rental or home ownership expenses for your residence.**  
Include first mortgage payments and any rent for the ground or lot.

**If not included in line 4:**

4. **\$935.00**

4a. Real estate taxes

4a. \_\_\_\_\_

4b. Property, homeowner's, or renter's insurance

4b. \_\_\_\_\_

4c. Home maintenance, repair, and upkeep expenses

4c. **\$100.00**

4d. Homeowner's association or condominium dues

4d. \_\_\_\_\_

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Your expenses**

<b>5. Additional mortgage payments for your residence</b> , such as home equity loans	5.	_____
<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a.	<u>\$225.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$65.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$130.00</u>
6d. Other. Specify: <u>Cell phones</u>	6d.	<u>\$185.00</u>
<b>7. Food and housekeeping supplies</b>	7.	<u>\$850.00</u>
<b>8. Childcare and children's education costs</b>	8.	_____
<b>9. Clothing, laundry, and dry cleaning</b>	9.	<u>\$200.00</u>
<b>10. Personal care products and services</b>	10.	<u>\$300.00</u>
<b>11. Medical and dental expenses</b>	11.	<u>\$399.27</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$500.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	<u>\$100.00</u>
<b>14. Charitable contributions and religious donations</b>	14.	<u>\$10.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<u>\$154.59</u>
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$117.36</u>
15d. Other insurance. Specify: <u>cancer policies and renters</u>	15d.	<u>\$50.00</u>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1 <b>Car Payment</b>	17a.	<u>\$349.00</u>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: <u>Misc. expenses</u>	17c.	<u>\$50.00</u>
17d. Other. Specify: _____	17d.	_____
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	_____
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	19.	_____

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

**21. Other.** Specify: See continuation sheet 21. + **\$305.00**

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.	22a. <b>\$5,025.22</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <b>\$5,025.22</b>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <b>\$5,074.87</b>
23b. Copy your monthly expenses from line 22c above.	23b. - <b>\$5,025.22</b>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <b>\$49.65</b>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

**None.**

Debtor 1 **Juan Jose Maldonado, III**  
Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

21. Other. Specify:

pet food, vet bills and pet maintenance

\$250.00

Gym membership

\$55.00

Total:

**\$305.00**



**Fill in this information to identify your case:**

Debtor 1	<b>Juan</b>	<b>Jose</b>	<b>Maldonado, III</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Crystal</b>	<b>Jolene</b>	<b>Maldonado</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF TEXAS</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 106Sum

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets****Your assets**

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)1a. Copy line 55, Total real estate, from Schedule A/B..... **\$0.00**1b. Copy line 62, Total personal property, from Schedule A/B..... **\$110,401.26**1c. Copy line 63, Total of all property on Schedule A/B..... **\$110,401.26****Part 2: Summarize Your Liabilities****Your liabilities**

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... **\$8,681.46**3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... **\$0.00**3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... **+** **\$476,540.73****Your total liabilities****\$485,222.19****Part 3: Summarize Your Income and Expenses**4. *Schedule I: Your Income* (Official Form 106I)Copy your combined monthly income from line 12 of Schedule I..... **\$5,074.87**5. *Schedule J: Your Expenses* (Official Form 106J)Copy your monthly expenses from line 22c of Schedule J..... **\$5,025.22**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

#### Part 4: Answer These Questions for Administrative and Statistical Records

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**\$6,535.96**

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

**Total claim**

**From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$361,324.52</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+</b> <u>\$0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<b>\$361,324.52</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Juan</b> First Name	<b>Jose</b> Middle Name	<b>Maldonado, III</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Crystal</b> First Name	<b>Jolene</b> Middle Name	<b>Maldonado</b> Last Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF TEXAS</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X /s/ Juan Jose Maldonado, III**  
Juan Jose Maldonado, III, Debtor 1

Date **06/24/2021**  
MM / DD / YYYY

**X /s/ Crystal Jolene Maldonado**  
Crystal Jolene Maldonado, Debtor 2

Date **06/24/2021**  
MM / DD / YYYY

**Fill in this information to identify your case:**

Debtor 1	<b>Juan</b> First Name	<b>Jose</b> Middle Name	<b>Maldonado, III</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Crystal</b> First Name	<b>Jolene</b> Middle Name	<b>Maldonado</b> Last Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF TEXAS</b>			
Case number (if known) _____			

☐ Check if this is an amended filing

## Official Form 107

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☐ No  
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1:****Dates Debtor 1 lived there****Debtor 2:****Dates Debtor 2 lived there**☐ Same as Debtor 1☐ Same as Debtor 1**5011 Cosner Drive**

Number Street

From **6/1/2019**To **8/31/2019**

Number Street

From \_\_\_\_\_

To \_\_\_\_\_

**Corpus Christi TX 78415**

City State ZIP Code

City State ZIP Code

**Debtor 1:****Dates Debtor 1 lived there****Debtor 2:****Dates Debtor 2 lived there**☐ Same as Debtor 1☐ Same as Debtor 1**20211 Huebner Road #1124**

Number Street

From **2/15/2018**To **5/31/2019**

Number Street

From \_\_\_\_\_

To \_\_\_\_\_

**San Antonio TX 78258**

City State ZIP Code

City State ZIP Code

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?**

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No  
☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

## Part 2: Explain the Sources of Your Income

### 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>From January 1 of the current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$3,275.00</b> <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For the last calendar year:</b> (January 1 to December 31, <u>2020</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$76,835.00</b> <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2019</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$58,910.00</b> <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

### 5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
<b>From January 1 of the current year until the date you filed for bankruptcy:</b>	<b>Stimulus Check</b>	<b>\$2,000.00</b>
<b>For the last calendar year:</b> (January 1 to December 31, <u>2020</u> ) YYYY	<b>Stimulus Check</b>	<b>\$1,200.00</b>
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2019</u> ) YYYY		

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
<b>Navy Army Community Credit Union</b> Creditor's name			<b>\$8,681.46</b>	<input type="checkbox"/> Mortgage
<b>PO Box 81349</b> Number Street		<b>three monthly payments of \$349.00 on car loan</b>		<input checked="" type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
<b>Corpus Christi</b> City	<b>TX</b> State	<b>78468</b> ZIP Code		

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

☐ No

☒ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
<b>R. Maldonado</b> Insider's name				
		<b>Mr. Maldonado repaid his brother approximately \$400.00 in the past year.</b>		
<b>San Antonio</b> City	<b>TX</b> State			

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments that benefited an insider.

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
<b>Bank of America, N.A. vs. Crystal J Maldonado</b>	<b>suit to collect credit card debt</b>	<b>Brazos County Court at Law 1</b>	<input checked="" type="checkbox"/> Pending
		Court Name	<input type="checkbox"/> On appeal
		<b>300 E. 26th St Suite 210</b>	<input type="checkbox"/> Concluded
		Number Street	
Case number <b>20-003336-CV-CCL1</b>		<b>Bryan TX 77803</b>	
		City State ZIP Code	
<b>Bank of America, N.A. vs. Crystal Maldonado</b>	<b>suit to collect credit card debt</b>	<b>Brazos County Court at Law 1</b>	<input type="checkbox"/> Pending
		Court Name	<input type="checkbox"/> On appeal
		<b>300 E. 26th St Suite 210</b>	<input type="checkbox"/> Concluded
		Number Street	
Case number <b>20-003338-CV-CCL-</b>		<b>Bryan TX 77803</b>	
		City State ZIP Code	

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No  
☐ Yes. Fill in the details.

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No  
☐ Yes

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☐ No  
☒ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities  
 that total more than \$600

**Texas A & M University**

Charity's Name

Describe what you contributed

The Maldonados give \$10.00 to his  
 university's former student  
 association

Date you  
 contributed

Value

Number Street

**College Station**

City

**TX**

State

ZIP Code

### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☐ No  
☒ Yes. Fill in the details.

Describe the property you lost and how  
 the loss occurred

The Maldonados lost food during the  
 February 2021 storm. They were paid  
 approximately \$250.00 by their renter's  
 insurance

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending  
 insurance claims on line 33 of *Schedule A/B: Property*.

Date of your  
 loss

Value of property  
 lost



Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 7: List Certain Payments or Transfers**

- 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
<b>Erin B. Shank, P.C.</b> Person Who Was Paid <b>1902 Austin Ave</b> Number Street  <b>Waco TX 76701</b> City State ZIP Code  Email or website address  Person Who Made the Payment, if Not You			4/27/2021	\$3,000.00
<b>Cricket Debt Counseling</b> Person Who Was Paid <b>219 SW Stark Suite 200</b> Number Street  <b>Portland OR 97204</b> City State ZIP Code  Email or website address  Person Who Made the Payment, if Not You				

- 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called asset-protection devices.)

- ☒ No  
☐ Yes. Fill in the details.

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☒ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<b>Wells Fargo</b> Name of Financial Institution	XXXX- <u>5</u> <u>3</u> <u>8</u> <u>8</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	<u>6/14/2021</u>	<u>\$0.00</u>
<b>3000 Briarcrest Dr</b> Number Street				
<b>Bryan</b> City	<b>TX</b> State	<b>77802</b> ZIP Code		

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

- ☒ No  
☐ Yes. Fill in the details.

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

### Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No  
☐ Yes. Fill in the details.

### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

### Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☐ No  
☐ Yes. Fill in the details below.

### Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X /s/ Juan Jose Maldonado, III**  
 Juan Jose Maldonado, III, Debtor 1

**X /s/ Crystal Jolene Maldonado**  
 Crystal Jolene Maldonado, Debtor 2

Date 06/24/2021

Date 06/24/2021

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No  
☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**Fill in this information to identify your case:**

Debtor 1	<b>Juan</b> First Name	<b>Jose</b> Middle Name	<b>Maldonado, III</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Crystal</b> First Name	<b>Jolene</b> Middle Name	<b>Maldonado</b> Last Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF TEXAS</b>			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 108

**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Hold Secured Claims**

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: **Navy Army Community Credit Union**Description of property securing debt: **2016 GMC Terrain standard model**

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a *Reaffirmation Agreement*.
- ☒ Retain the property and [explain]:  
**Debtor will continue making payments to creditor without reaffirming.**

☐ No

☒ Yes

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

Lessor's name: **Twin City Properties**

Description of leased property: **lease of home located at 3613B Elliot Street, Bryan, TX 77802**

☐ No

☒ Yes

Debtor 1 **Juan Jose Maldonado, III**  
Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Juan Jose Maldonado, III  
Juan Jose Maldonado, III, Debtor 1

X /s/ Crystal Jolene Maldonado  
Crystal Jolene Maldonado, Debtor 2

Date 06/24/2021  
MM / DD / YYYY

Date 06/24/2021  
MM / DD / YYYY

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

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### This notice is for you if:

- **You are an individual filing for bankruptcy,**  
and
- **Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8)  
as "incurred by an individual primarily for a  
personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one  
of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family  
farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for  
individuals with regular income

**You should have an attorney review your  
decision to file for bankruptcy and the choice  
of chapter.**

### Chapter 7: Liquidation

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	\$245	filing fee
	\$78	administrative fee
+	\$15	trustee surcharge
	<hr/>	
	\$338	total fee

Chapter 7 is for individuals who have financial difficulty  
preventing them from paying their debts and who are  
willing to allow their non-exempt property to be used to  
pay their creditors. The primary purpose of filing under  
chapter 7 is to have your debts discharged. The  
bankruptcy discharge relieves you after bankruptcy from  
having to pay many of your pre-bankruptcy debts.  
Exceptions exist for particular debts, and liens on  
property may still be enforced after discharge. For  
example, a creditor may have the right to foreclose a  
home mortgage or repossess an automobile.

However, if the court finds that you have committed  
certain kinds of improper conduct described in the  
Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and  
you receive a discharge, some debts are not discharged  
under the law. Therefore, you may still be responsible to  
pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form--sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$571	administrative fee
	\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.



## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

**Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

<http://www.uscourts.gov/forms/bankruptcy-forms>

**Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

**Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together--called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

**Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

In re **Juan Jose Maldonado, III**  
**Crystal Jolene Maldonado**

Case No. \_\_\_\_\_

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	Fixed Fee: <u>\$3,000.00</u>
Prior to the filing of this statement I have received.....	<u>\$3,000.00</u>
Balance Due.....	<u>\$0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**06/24/2021**

*Date*

**/s/ Erin B. Shank**

*Erin B. Shank*

Erin B. Shank, P.C.

1902 Austin Avenue

Waco, Texas 76701

Phone: (254) 296-1161 / Fax: (254) 296-1165

Bar No. 01572900

**/s/ Juan Jose Maldonado, III**

*Juan Jose Maldonado, III*

**/s/ Crystal Jolene Maldonado**

*Crystal Jolene Maldonado*

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

IN RE: **Juan Jose Maldonado, III**  
**Crystal Jolene Maldonado**

CASE NO

CHAPTER **7**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 6/24/2021

Signature /s/ Juan Jose Maldonado, III  
Juan Jose Maldonado, III

Date 6/24/2021

Signature /s/ Crystal Jolene Maldonado  
Crystal Jolene Maldonado

Account Services  
PO BOX 659818  
San Antonio, TX 78265-9118

Ally Bank  
6985 Union Park Center  
Midvale, UT 84047

Am Coradius  
2420 Sweet Home Rd  
Amherst, NY 14228

American Coradius International LLC/Nati  
PO Box 7526  
Newark, DE 19714-7526

ARS National Services Inc.  
PO Box 469100  
Escondido, CA 92046-9100

Ascendium Education Solutions, Inc.  
2501 International Lane  
Lane Madison, WI 53704

Austin Pathology Associates  
12221 N Mopac Expy  
Austin, TX 78758

Bank of America  
Attn: Bankruptcy  
PO Box 982234  
El Paso, TX 79998

Bank of America, N.A.  
PO Box 982235  
El Paso, TX 79998-2235

Bioreference Laboratories Patient Pay  
PO Box 21134  
New York, NY 10087-1134

Brazos Valley ER, LLC  
PO Box 6040  
Corpus Christi, TX 78466

Capital One  
PO Box 60599  
City of Industry, CA 91716-0599

CapRock Hospital  
3134 Briarcrest Dr  
Bryan, TX 77802

Charles G. McCarthy, Jr. & Associates  
PO Box 1045  
Bloomington, IL 61702

Chase Receivables, Christus Spohn Memori  
PO Box 659  
West Caldwell, NJ 07007-0659

Clinical Pathology Laboratories Inc  
PO Box 141669  
Austin, TX 78714-1669

Collections Incorporated  
PO Box 418  
Pipe Creek, TX 78063

Comenity Bank/Crown Asset Management LLC  
9355 East Stockton Boulevard, Suite 210  
Elk Grove, CA 95624-9476

Couch Lambert, LLC  
4144 North Central Expressway, Suite 120  
Dallas, TX 75204

Couch, Conville & Blitt  
3501 N. Causeway Blvd., Suite 800  
Metairie, LA 70002

Covarrubias, Baldemar  
5718 Spohn Drive, Suite 100  
Corpus Christi, TX 78414

Credit Collection Services  
725 Canton Street  
Norwood, MA 02062

Credit Systems International, Inc  
Attn: Bankruptcy  
PO Box 1088  
Arlington, TX 76004

Cutting Edge Chiropractic LLC  
3001 Wildflower Dr #601  
Bryan, TX 77802

Datasearch Inc  
Atten: Bankruptcy Dept  
85 NE Interstate Loop 410 Ste 575  
San Antonio, TX 78217

Department Store National Bank/Macy's  
Attn: Bankruptcy  
9111 Duke Boulevard  
Mason, OH 45040

Dept of Ed/Great Lakes  
PO Box 790321  
St. Louis, MO 63179-0321



Forest Recovery Servic  
Po Box 83  
Barrington, IL 60011

Forest Recovery Services LLC  
PO Box 1045  
Bloomington, IL 61702

I.C. System, Inc., McAllen Hospitalist G  
PO Box 64378  
Saint Paul, MN 55164

IC Systems, Inc  
Attn: Bankruptcy  
PO Box 64378  
St. Paul, MN 55164

IPFS Corporation  
125 S. Wacker Drive, Suite 1650  
Chicago, IL 60606

Justice Court Precinct Four  
744 HWY 281 South  
Pleasanton, TX 78064

Linebarger Goggan Blair & Sampson  
900 Arion Parkway, Suite 104  
San Antonio, TX 78216

Litholink Corporation  
2250 West Campbell Park Drive  
Chicago, IL 60612

Macy's  
PO Box 8058  
Mason, OH 45040-8058

Management Support  
6933 Borderbrook Drive  
San Antonio, TX 78238

Mother Frances Hospital  
800 E Dawson St.  
Tyler, TX 75701

MRS BPO, LLC  
1930 Olney Avenue  
Cherry Hill, NJ 08003

Municipal Service Bureau  
PO Box 16755  
Austin, TX 78761-6755

Navy Army Community Credit Union  
PO Box 81349  
Corpus Christi, TX 78468

North Texas Tollway Authority  
PO Box 660244  
Dallas, TX 75266-0244

Performant Recovery, Inc.  
PO Box 9054  
Pleasanton, CA 94566-9054

Pioneer  
2420 Sweet Home Road Suite 150  
Amherst, NY 14228-2244

Psychiatry of Texas PLLC  
13325 Hargave Rd Suite 240  
Houston, TX 77070

Quest Diagnostics  
PO Box 740779  
Cincinnati, OH 45274-0779

Quest Diagnostics  
PO Box 740779  
Cincinnati, OH 45274-0779

Rachel Lee Dehn  
1338 E. CR 227  
Orange Grove, TX 78372

San Antonio MMC PA  
9969 Fredricksburg Rd  
San Antonio, TX 78240

Simms Associates, Inc./Southern Arc Trust  
800 Pencader Drive  
Newark, DE 19702

South Texas Radiology Group, P.A.  
PO Box 29407  
San Antonio, TX 78229

South Texas Radiology Imaging  
1802 N.E. Loop 410, Suite 400  
San Antonio, TX 78217

Southern Arc Trust/National Recovery Sol  
PO Box 332  
Lockport, NY 14095-0322

Synchrony Bank/Amazon  
PO Box 960013  
Orlando, FL 32896-0013

Target  
PO Box 660170  
Dallas, TX 75266-0170

Texas Guaranteed Student Loan Corporatio  
PO Box 83100  
Round Rock, TX 78683-3100

Texas Laurel Ridge Hospital LP 551  
17720 Corporate Woods Drive  
San Antonio, TX 78259-3509

The University of Texas at San Antonio  
1 UTSA Circle  
San Antonio, TX 78249

Trellis Company (guarantor USDOE)  
PO Box 659602  
San Antonio, TX 78265

Trinity Clinic  
1720 S Beckham Ave  
Tyler, TX 75701

Trinity Clinic Anesthesia  
PO Box 848543  
Dallas, TX 75284-8543

Trinity Pathology  
PO Box 203294  
Dallas, TX 75320-3294

Twin City Properties  
4103 Texas Ave #1000  
Bryan, TX 77802

TxTag  
PO Box 650749  
Dallas, TX 75265-0749

U.S. Department of Education  
ECMC/Attn: Bankruptcy  
PO Box 16408  
Saint Paul, MN 55116

US Department of Education National Paym  
PO Box 790336  
St Louis, MO 63179-0336

USDOE/GLELSI  
Attn: Bankruptcy  
PO Box 7860  
Madison, WI 53707

UTSA Campus Services  
1 UTSA Circle  
San Antonio, TX 78249

Veterinary Medical Teaching Hospital, T  
4457 TAMU  
College Station, TX 77843-4457

Wells Fargo  
Wells Fargo Bank, N.A., PO Box 77053  
Minneapolis, MN 55480

Wells Fargo Bank NA  
1 Home Campus MAC X2303-01A  
3rd Floor  
Des Moines, IA 50328

Wells Fargo Education Financial Services  
PO Box 5185  
Sioux Falls, SD 57117-5185

**Fill in this information to identify your case:**

Debtor 1	<b>Juan</b> First Name	<b>Jose</b> Middle Name	<b>Maldonado, III</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Crystal</b> First Name	<b>Jolene</b> Middle Name	<b>Maldonado</b> Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**

Case number (if known) \_\_\_\_\_

**Check one box only as directed in this form and in Form 122A-1Supp:**

- ☐ 1. There is no presumption of abuse.
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

**Official Form 122A-1****Chapter 7 Statement of Your Current Monthly Income****04/20**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

**Part 1: Calculate Your Current Monthly Income****1. What is your marital and filing status?** Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>2. Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	<u>\$715.00</u>	<u>\$5,820.96</u>
<b>3. Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	<u>\$0.00</u>	<u>\$0.00</u>
<b>4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

**5. Net income from operating a business, profession, or farm**

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>		
Ordinary and necessary operating expenses	— <u>\$0.00</u>	— <u>\$0.00</u>		
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$0.00</u>	Copy here →	<u>\$0.00</u> <u>\$0.00</u>

**6. Net income from rental and other real property**

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>		
Ordinary and necessary operating expenses	— <u>\$0.00</u>	— <u>\$0.00</u>		
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>	Copy here →	<u>\$0.00</u> <u>\$0.00</u>

**7. Interest, dividends, and royalties**

\$0.00      \$0.00

**8. Unemployment compensation**

\$0.00      \$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: .....↓

For you..... \$0.00

For your spouse..... \$0.00

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$0.00      \$0.00

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

- 10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Total amounts from separate pages, if any.

+ \_\_\_\_\_ + \_\_\_\_\_

- 11. Calculate your total current monthly income.**

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

**\$715.00** + **\$5,820.96** = **\$6,535.96**

Total current  
monthly income

## Part 2: Determine Whether the Means Test Applies to You

- 12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....Copy line 11 here → 12a. **\$6,535.96**

Multiply by 12 (the number of months in a year).

X 12

12b. The result is your annual income for this part of the form.

12b. **\$78,431.52**

- 13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

**Texas**

Fill in the number of people in your household.

**2**

Fill in the median family income for your state and size of household..... 13. **\$71,287.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

- 14. How do the lines compare?**

- 14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.
- 14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.



Debtor 1 **Juan Jose Maldonado, III**  
Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Juan Jose Maldonado, III** \_\_\_\_\_  
Juan Jose Maldonado, III, Debtor 1

**X /s/ Crystal Jolene Maldonado** \_\_\_\_\_  
Crystal Jolene Maldonado, Debtor 2

Date **6/24/2021** \_\_\_\_\_  
MM / DD / YYYY

Date **6/24/2021** \_\_\_\_\_  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

**Fill in this information to identify your case:**

Debtor 1	<b>Juan</b> First Name	<b>Jose</b> Middle Name	<b>Maldonado, III</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Crystal</b> First Name	<b>Jolene</b> Middle Name	<b>Maldonado</b> Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**

Case number (if known) \_\_\_\_\_

**Check the appropriate box as directed in lines 40 or 42:**

According to the calculation required by this Statement:

☒ 1. There is no presumption of abuse.☐ 2. There is a presumption of abuse.☐ Check if this is an amended filing**Official Form 122A-2****Chapter 7 Means Test Calculation****04/19**

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Determine Your Adjusted Income**

1. Copy your total current monthly income..... Copy line 11 from Official Form 122A-1 here → ..... 1. \$6,535.96

2. Did you fill out Column B in Part 1 of Form 122A-1?

☐ No. Fill in \$0 for the total on line 3.☒ Yes. Is your spouse filing with you?☐ No. Go to line 3.☒ Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

☐ No. Fill in \$0 for the total on line 3.☐ Yes. Fill in the information below:**State each purpose for which the income was used**

For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents

Fill in the amount you are subtracting from your spouse's income

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

+

Total ..... \$0.00 Copy total here..... → - \$0.00

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

**\$6,535.96**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

## Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

### 5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

**National Standards** You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. **\$1,292.00**
7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

#### People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person **\$68.00**
- 7b. Number of people who are under 65 X **2**
- 7c. **Subtotal.** Multiply line 7a by line 7b. **\$136.00** Copy here → **\$136.00**

#### People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person **\$142.00**
- 7e. Number of people who are 65 or older X \_\_\_\_\_
- 7f. **Subtotal.** Multiply line 7d by line 7e. **\$0.00** Copy here → + **\$0.00**

- 7g. **Total.** Add lines 7c and 7f. **\$136.00** Copy total here → **\$136.00**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

**Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:**

- **Housing and utilities -- Insurance and operating expenses**
- **Housing and utilities -- Mortgage or rent expenses**

**To answer the questions in lines 8-9, use the U.S. Trustee Program chart.**

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

**8. Housing and utilities -- Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. **\$606.00**

**9. Housing and utilities -- Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. **\$1,296.00**

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
_____	_____
_____	_____
_____	+
Total average monthly payment	
	<b>\$0.00</b>

Copy  
here →

— **\$0.00**

Repeat this  
amount on  
line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

**\$1,296.00**

Copy  
here →

**\$1,296.00**

**10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \_\_\_\_\_

Explain  
why: \_\_\_\_\_

**11. Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.  
☐ 1. Go to line 12.  
☒ 2 or more. Go to line 12.

**12. Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. **\$648.00**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

- 13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1** Describe Vehicle 1: **2016 GMC Terrain standard model**

13a. Ownership or leasing costs using IRS Local Standard. .... **\$533.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
-------------------------------------	-------------------------

Navy Army Community Credit Union	\$160.48
----------------------------------	----------

\_\_\_\_\_ + \_\_\_\_\_

Total average monthly payment

**\$160.48**

Copy  
here →

— **\$160.48**

Repeat this  
amount on  
line 33b.

13c. Net Vehicle 1 ownership or lease expense.

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0. ....

**\$372.52**

Copy net  
Vehicle 1  
expense  
here →

**\$372.52**

**Vehicle 2** Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard. ....

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
-------------------------------------	-------------------------

\_\_\_\_\_ + \_\_\_\_\_

Total average monthly payment

**\$0.00**

Copy  
here →

— **\$0.00**

Repeat this  
amount on  
line 33c.

13f. Net Vehicle 2 ownership or lease expense.

Subtract line 13e from line 13d. If this amount is less than \$0, enter \$0. ....

**\$0.00**

Copy net  
Vehicle 2  
expense  
here →

**\$0.00**

- 14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

**\$0.00**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

- 15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation. \$0.00

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

- 16. Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$928.47

Do not include real estate, sales, or use taxes.

- 17. Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$0.00

Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

- 18. Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, or a non-filing spouse's life insurance, or for any form of life insurance other than term. \$166.25

- 19. Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$0.00

Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

- 20. Education:** The total monthly amount that you pay for education that is either required:  
 ■ as a condition for your job, or  
 ■ for your physically or mentally challenged dependent child if no public education is available for similar services. \$0.00

- 21. Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$0.00

- 22. Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$263.27  
 Payments for health insurance or health savings accounts should be listed only in line 25.

- 23. Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. **+** \$0.00

Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.

- 24. Add all of the expenses allowed under the IRS expense allowances.**  
 Add lines 6 through 23.

**\$5,708.51**

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

### Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

- 25. Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	<u>\$510.94</u>	
Disability insurance	<u>\$0.30</u>	
Health savings account	<u>\$0.00</u>	
	<b>+</b>	
Total	<u><b>\$511.24</b></u>	<b>Copy total here → ..... \$511.24</b>

Do you actually spend this total amount?

☐ No. How much do you actually spend? \_\_\_\_\_

☒ Yes

- 26. Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$0.00

- 27. Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$0.00

By law, the court must keep the nature of these expenses confidential.

- 28. Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8. \_\_\_\_\_

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

- 29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$170.83\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.

- 30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \_\_\_\_\_

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

- 31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). **+** \$0.00

Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

- 32. Add all of the additional expense deductions.**  
 Add lines 25 through 31.

**\$511.24**

### Deductions for Debt Payment

- 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

**Average monthly  
payment**

**Mortgages on your home:**

33a. Copy line 9b here..... → **\$0.00**

**Loans on your first two vehicles:**

33b. Copy line 13b here..... → **\$160.48**

33c. Copy line 13e here..... → **\$0.00**

33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

33e. Total average monthly payment. Add lines 33a through 33d..... **\$160.48**

Copy total  
here →

**\$160.48**

- 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

- ☐ No. Go to line 35.  
☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	_____	÷ 60 = _____
_____	_____	_____	÷ 60 = _____
_____	_____	_____	÷ 60 = _____
Total			<b>\$0.00</b>

Copy total  
here →

**\$0.00**





Debtor 1 **Juan Jose Maldonado, III**  
 Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**40. Find out whether there is a presumption of abuse.** Check the box that applies:

- ☒ **The line 39d is less than \$8,175\*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ **The line 39d is more than \$13,650\*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.
- ☐ **The line 39d is at least \$8,175\*, but not more than \$13,650\*.** Go to line 41.

\* Subject to adjustment on 4/01/22, and every 3 years after that for cases filed on or after the date of adjustment.

**41. 41a. Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 106Sum), you may refer to line 3b on that form. ....

x .25

- 41b. 25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I).  
 Multiply line 41a by 0.25.

Copy  
here →

**42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**

Check the box that applies:

- ☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

**Part 4: Give Details About Special Circumstances**

**43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

**Give a detailed explanation of the special circumstances**

**Average monthly expense  
or income adjustment**

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Debtor 1 **Juan Jose Maldonado, III**  
Debtor 2 **Crystal Jolene Maldonado**

Case number (if known) \_\_\_\_\_

**Part 5: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Juan Jose Maldonado, III** \_\_\_\_\_  
Juan Jose Maldonado, III, Debtor 1

Date **6/24/2021** \_\_\_\_\_  
MM / DD / YYYY

**X /s/ Crystal Jolene Maldonado** \_\_\_\_\_  
Crystal Jolene Maldonado, Debtor 2

Date **6/24/2021** \_\_\_\_\_  
MM / DD / YYYY